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ABSTRACT

The Community Services Branch of the Family Services Section of the North Carolina Department of Social Services (DSS) surveyed all 100 DSS county directors to determine if directors saw HIV/AIDS as a problem now and/or as a potential problem in 5 years. Forty-one percent of the directors indicated an immediate need for difficult-to-provide services such as residential placement for both children and adults diagnosed with AIDS and the reluctance of social workers, daycare, and homecare providers to work with these clients. Ninety-three percent of the county directors believe that by 1997 clients with HIV/AIDS will place large demands on their services. Some of the specific areas to be affected include children and adult services, Medicaid, and transportation. Most directors said that their staff had received basic training on the transmission and prevention of AIDS, but many of the directors expressed a need for training assistance for new employees. The survey lists the types of training desired by directors along with a list of recommendations and contains an appendix which lists the names, addresses and phone numbers of HIV/AIDS contact people for all of North Carolina's County DSS. (RJM)

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RESULTS OF THE SURVEY OF NORTH CAROLINA'S COUNTY DIRECTORS OF SOCIAL SERVICES

Concerning Future Service and Training Needs Related to HIV/AIDS

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June, 1992
Community Services Branch
Family Services Branch
North Carolina Division of Social Services

CG025345

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HIV/AIDS Survey Results

> There have been 2,478 cases of AIDS reported in North Carolina through May 29, 1992. Sixty-four percent - 1,644 - have already died. The Center for Disease Control estimates that for every known case of AIDS, there are between eight and thirty times that number of people infected with HIV. For North Carolina, that translates to 19,824 to 74,340 people who are infected. HIV has been reported in all 100 counties of North Carolina.
>
> Executive Summary, "America Living with AIDS"

This report, "America Living with AIDS," was conducted by the National Commission on Acquired Immune Deficiency Syndrome. It points out in the summary that, "Disproportionately and increasingly, the epidemic has attacked segments of society already at a disadvantage -- communities of color, women and men grappling with poverty and drug use, and adolescents who have not been effectively warned of this new risk to their futures..." These are also the members of our society most frequently needing services provided by the Division of Social Services (DSS).

Faced with a future possibility of a vast increase in the number of persons in North Carolina with the human immunodeficiency virus (HIV), the causative agent of AIDS, a telephone survey of the 100 county DSS directors was conducted. This survey was undertaken by staff of the Community Services Branch of the Family Services Section of the North Carolina Department of Social Services to determine if directors saw HIV/AIDS as a problem now and/or thought it would be a problem five years from now. If they believed that AIDS would be a problem, they were asked which of the services their agencies provide they thought would be in greatest demand and what kinds of training would be needed by staff responsible for oversight or delivery of those services.

A CURRENT PROBLEM?

All 100 county Directors of Social Services responded to the survey, and 41 percent of them said that persons with HIV/AIDS were needing services now which are difficult to provide. Problems encountered are difficulties in providing residential placement for both children and adults diagnosed as having AIDS, and the reluctance (or refusal) of social workers and daycare and homecare providers to work with these clients. Ethical and legal

questions were raised about the need to inform those who provide needed services of the clients' status as having HIV/AIDS.

The Centers for Disease Control predict that by 1993, the third leading cause of death among young adults will be AIDS. It is time to begin planning for services for the expected increase in the number of persons with AIDS.

All of the county directors earlier had received information compiled by the Ryan White HIV/AIDS program in the Department of Environment, Health and Natural Resources (DEHNR). The directors also received information about consortia being formed across the state. These consortia involve primary care physicians, local public health departments and other community-based health/service providers and advocacy groups who will address the needs of children and adults affected by HIV/AIDS.

North Carolina is divided into eleven multi-county HIV CARE consortia. Services, to be provided by a consortium of service providers, are comprehensive health and support services for individuals with HIV disease. Health services may include, but are not limited to case management, diagnostics, medical, nursing and dental care, monitoring and follow-up, home health and hospice care. Essential support services may include transportation, homemaker, advocacy, nutrition, housing, referral, and family services, such as daycare or respite care.

Funding is based on the reported number of AIDS cases within each consortium catchment area and ranges from $33,000 to $146,000 for one year through March 31, 1992. The numbers of cases ranged from 31 within the Foothills catchment area to 87 in the Eastern North Carolina catchment area.

Many of the county directors said that the number of HIV/AIDS cases in their counties were higher than the figure reported by DEHNR. Cases are counted in localities where diagnosis is made, thus, the people with HIV/AIDS, who move back to their home in North Carolina, may have been diagnosed and counted in another state.

Other information sent to county directors by the North Carolina Division of Social Services included regulations from the federal Department of Labor's Occupational Safety and Health Administration (OSHA) and a Schedule of Implementation to be met by employers whose workers have occupational exposure to potentially infectious materials, such as the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

These OSHA regulations specify that such employers must establish a written exposure control plan, take universal precautions, provide personal protective equipment and vaccination for Hepatitis B for their workers. The regulations also require employers to provide training for all employees with occupational exposure to HBV and HIV. Free medical evaluation and treatment is to be given to employees with accidental exposure.

A PROBLEM IN FIVE YEARS?

In responding to this survey question, all but seven of the 100 county directors said yes, there will be an HIV/AIDS-related problem within their agencies five years from now. Five directors did not foresee a problem, while two did not know if there would be. Some directors said that projected problems would be related only to Medicaid funds and/or Child Protective Services.

A study of 100,000 babies by the Duke University Pediatric AIDS Unit in March, 1992 revealed that 91 percent of children with AIDS were perinatally infected. The data revealed that in Durham County, with the highest HIV incidence, of HIV-infected mothers among the 100 counties, one out of every 316 babies delivered will be to an HIV-infected mother. One-third of these infants will eventually develop HIV.

The responses to the question, "Which services do you feel will be most heavily requested?," indicate that children's services will be the most in demand. The problems of providing services for children with HIV/AIDS is complicated by the reluctance of foster parents and day care operators to accept these clients. Many of the social services directors felt that confidentiality requirements kept them from informing caregivers of the fact that they were being referred children with diagnoses of HIV or AIDS*. Duty to warn and the rights of the public and the individual are sources of conflict for the directors.

Other issues involve physicians and nursing homes which will not serve clients with HIV/AIDS. In some cases, this makes it necessary for clients to go out of the county for services, placing more demand on transportation services.

*It should be noted that county directors were sent a letter on November 20, 1987, giving guidance for the placement of HIV-Infected children. In that letter, basic principles were given for making decisions about disclosure of HIV infection.

Directors saw the following services as being the most heavily requested:

SERVICE	NUMBER OF DIRECTORS AGREEING
Children's Services (includes protective, placement, child care and adoption services)	86
Adult Services (includes protective, placement, in-home care services, & counseling)	79
Medicaid	75
Transportation	70

A related issue is that prisons are currently releasing HIV/AIDS-positive persons from the prison system without a plan for providing needed services. These individuals most often go directly to the county social services offices for assistance.

TRAINING NEEDS

In responding to the question, "What kinds of training is of interest to you and your colleagues?," 98 of the county directors said that there were training needs within their agency. Most of them said that their staff had received basic training on transmission and prevention of AIDS, but that such training would be needed by newly employed workers. They would like to have a basic AIDS training video program to assist in training new workers.

Some of the county directors stated a need for a resource handbook to be used in training all workers and for listing available sources of help. DEHNR has a handbook with many of the elements wanted.

DEHNR has, or can obtain, training programs for each of the topics cited as needed by the directors. Some modifications of these packages would need to be made.

TYPE OF TRAINING PROPOSED	NUMBER OF DIRECTORS AGREEING
HIV/AIDS infection vis-a-vis children in foster care (how to provide physical and other care)	78
Case management, resources, and legal issues (especially legal issues regarding children with HIV/AIDS in foster care)	73
Parents and children with HIV/AIDS (how to provide physical and other care)	70
Basic AIDS information on transmission and prevention	66
Current medical and psychosocial treatment of HIV/AIDS	61

A substantial number of directors mentioned the need to increase the sensitivity of social services staff on how best to work with AIDS clients and their families through training on appropriate behaviors, along with needed information on stages of death and dying and how to advocate for persons with AIDS in the community.

OSHA requires training for persons who provide essential health and support services. The county directors also saw the need for training such other groups as:

- day care operators
- foster care parents and other household members
- in-home services workers
- family care givers and other household members
- nursing home personnel*
- volunteers
- physicians and other health care workers
- mental health personnel
- school personnel
- school children, especially about sexuality and use of drugs. Subgroups of school-aged youth would be:
    - teens with AIDS
    - pregnant teens with AIDS
- the general public

*With the exception of a few rest homes developed solely for the care of people with HIV, rest homes are currently prevented, by rules, from admitting people with communicable diseases, including HIV.

Other training topics suggested by the directors included:

- what to do, how to behave when a colleague/staff member is diagnosed with HIV/AIDS
- working with AIDS-disabled adults
- stages of death and dying
- how to advocate for the needs of persons with AIDS in the community
- reimbursement for medical services for persons with AIDS, especially those who are not Medicaid-eligible.

HIV/AIDS CONTACT PEOPLE

The appendix contains a listing of all DSS HIV/AIDS contact people in county departments of social services. Plans are to funnel all information with regard to training and resources through these individuals.

RECOMMENDATIONS:

The county directors of social services made the following suggestions/ recommendations when contacted during the survey:

1. That a coordinator position be established within the North Carolina Division of Social Services with responsibilities for accessing funds and providing linkages with other agencies to improve accessibility and availability of services for persons with HIV/AIDS.

2. That the Attorney General's office be asked to rule on applicability of confidentiality regulations for case managers and providers of services to HIV/AIDS clients.

3. That the Division of Medical Assistance be requested to waive its cap on the number of monthly prescription refills for AIDS patients.

4. That the Department of Corrections be asked to develop a service plan for each HIV/AIDS prisoner released, in cooperation with appropriate county agencies.

5. That videos on basic AIDS training be provided in cooperation with the Division of Facility Services for use as part of the orientation of new service providers in day care centers and nursing homes.

6. That State Division of Social Services Policy be revised to require that all workers be trained annually on HIV/AIDS prevention and risk reduction.

7. That a follow-up study be conducted to determine the projected costs of providing care and services for the future HIV/AIDS caseload.

8. That the existing AIDS Handbook be brought up to date and include suggestions made by county DSS directors.

SUMMARY

The vast majority of social services directors believe clients with HIV/AIDS will place great demand on certain services by 1997. Services most likely to be requested will be child and adult services, Medicaid and transportation. Legal, ethical and systems issues were raised, and training needs were specified.

CONCLUSION

It is clear that clients diagnosed with HIV/AIDS will place substantial demands on the social services system in North Carolina in the near future. There is time now to plan with other agencies and groups to conduct training and to make plans for a systems approach to the problems faced by clients, clients' families, the health care system and the human services system in North Carolina.

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(84)

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(85)

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(86)

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(87)

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HIV/AIDS CONTACT PEOPLE IN NORTH CAROLINA'S COUNTY DEPARTMENTS OF SOCIAL SERVICES

(89)

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(90)

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FAX# (704) 283-9821

(91)

Ms. Angela Arnold
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(919) 492-5001

(92)

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(93)

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(94)

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(95)

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(96)

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HIV/AIDS CONTACT PEOPLE IN NORTH CAROLINA'S COUNTY DEPARTMENTS OF SOCIAL SERVICES

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Ms. Susan Bissette
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(100)

Mr. Louie Hughes
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